

# NATIONAL PERFORMANCE REPORT AND MEDIGAP ENFORCEMENT SYSTEM

## **NPRMES USER MANUAL**

**By Virginia Department for the Aging**

**Revised 4/15/2004**

**VICAP**

*Virginia Insurance Counseling and  
Assistance Program*

**SHIP**

*State Health Insurance Information,  
Counseling and Assistance Program*

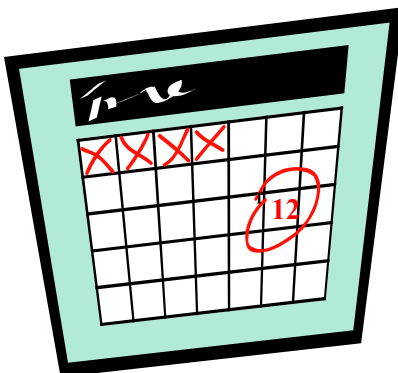
*National Performance Report and Medigap Enforcement System*

## TABLE OF CONTENTS

Introduction.....	3
Getting to NPRMES .....	4
Logging On.....	4
Entering a New Client Contact Record.....	7
Editing a Client Contact Record .....	13
Deleting a Client Contact Record .....	14
Reporting.....	15
Logging Off .....	17
Sample Forms .....	18

## INTRODUCTION

Welcome to the National Performance Report and Medigap Enforcement System, or as we affectionately refer to it NPRMES (“NipperMess”). This system was designed to automate the recording of SHIP client contact information. You will no longer need to create and keep paper copies of client information or submit monthly aggregated counts to the state office. **However, all clients for the previous month should be entered into the system by the 12<sup>th</sup> of the following month.**



Prior to using the system for the first time, all users must complete a User Security Access Agreement. This agreement provides the guidelines for creating a password and maintaining the security of that password. Your NPRMES administrator will provide you with the User Security Access Agreement, your user id and your initial password. A copy of the Administrator and User Security Agreements can be found on the VICAP page of the VDA website at <http://www.vda.virginia.gov/serviceprograms/vicap.htm> under the Reporting Forms heading. Your administrator will assign a user permission level to you. Your permission level will be set to either “All Records” (allowing you access to all the records of your agency) or at “Own Records” (your records only). These permissions apply to the reports section of the system as well.



This manual includes step-by-step instructions on how to use the NPRMES system, including logging on, changing your password, entering new client contacts, editing existing client contacts, deleting client contacts and generating reports.

Once you have signed a User Security Agreement and your administrator has given you your user id and password, you are ready to use the system.

## GETTING TO NPRMES



There are two ways of getting to the NPRMES home page.

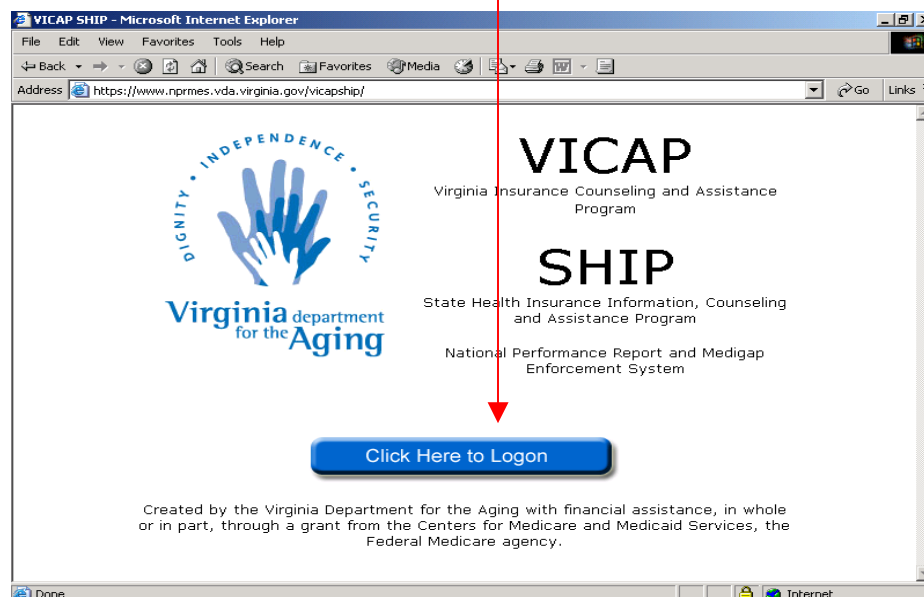
1. You can enter <https://nprmes.vda.virginia.gov/vicapship> in the address bar and this will take you directly to the NPRMES home page. You must enter the URL exactly as shown or you will not be directed to the correct site.
2. From the VDA website, there is a link on the VICAP page that will take you to NPRMES.
  - a. Go to [www.vda.virginia.gov](http://www.vda.virginia.gov)
  - b. Click “Providers”
  - c. Click “Service Provider Information”
  - d. Scroll down the list and click “VICAP”
  - e. Scroll down the list to the Links section and click “NPRMES Logon”

NOTE: It is a good idea to “bookmark”/”Add a Favorite” for the NPRMES home page.

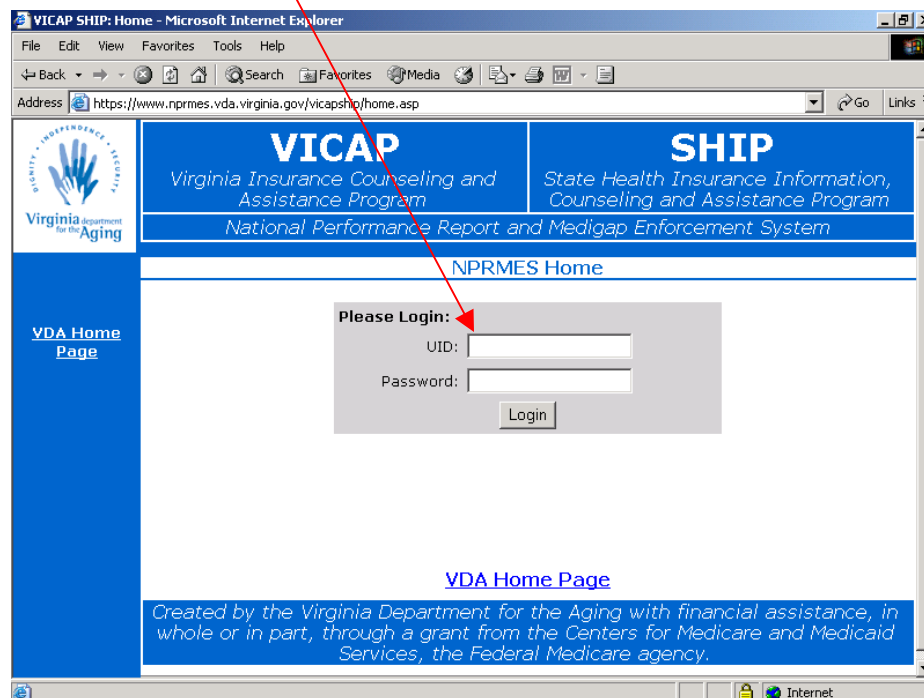
## LOGGING ON



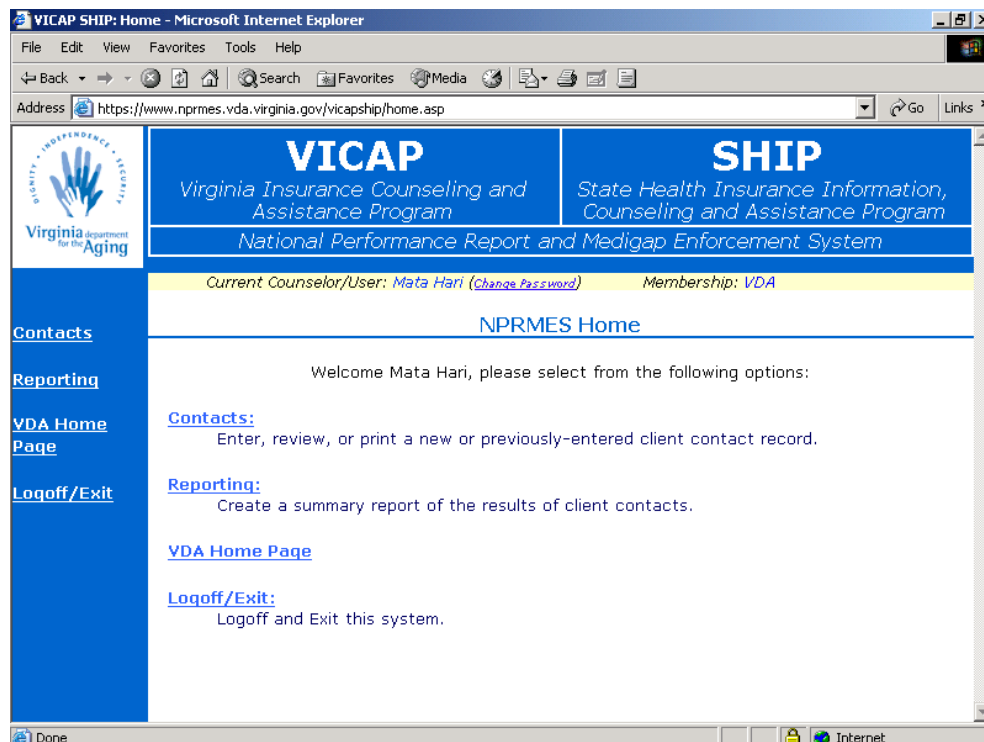
At the NPRMES Home Page, click the logon button. ♦



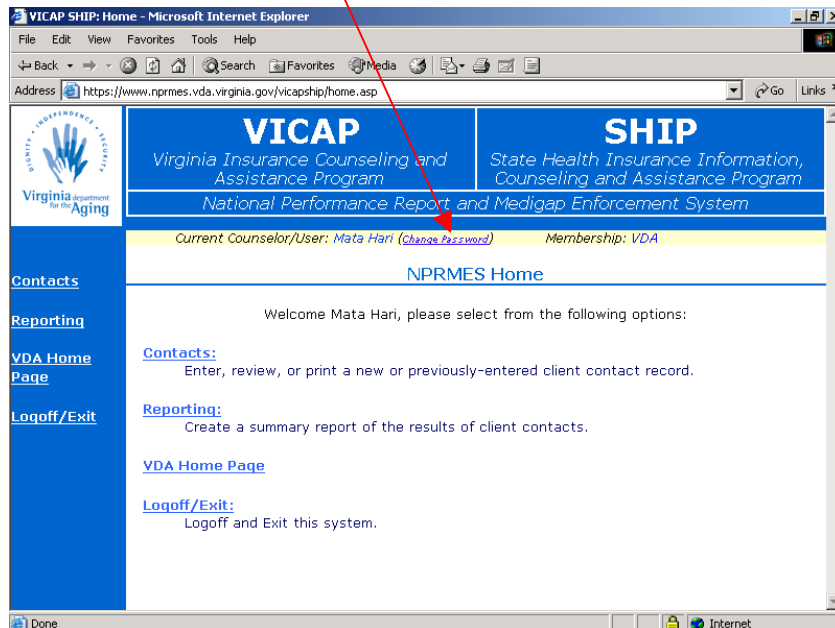
This will take you to the login screen where you will enter the user id and password that were given to you by your administrator.



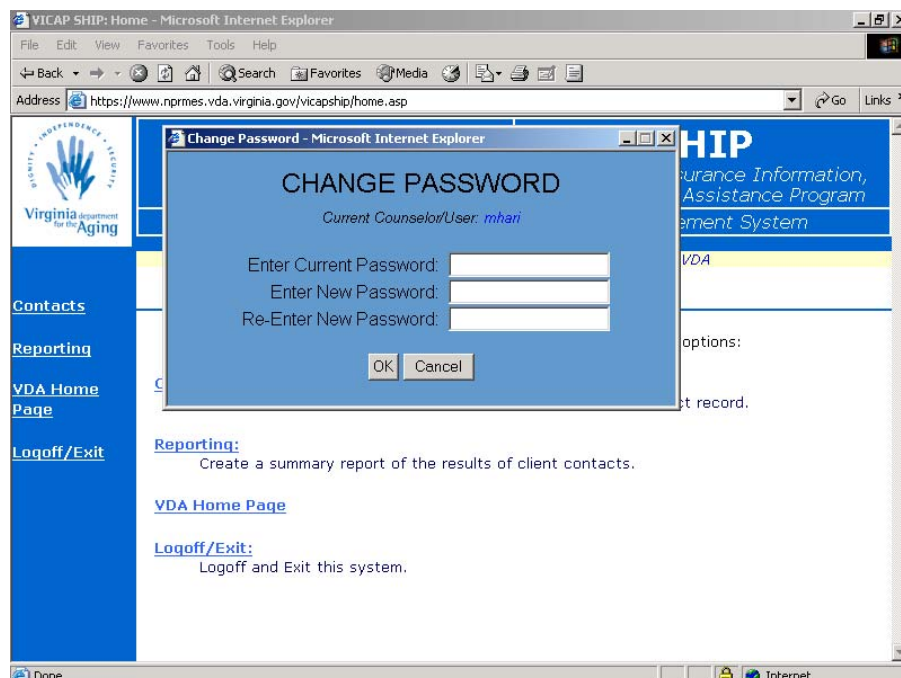
You are now at the NPRMES main menu.



The first time you use the system, you will need to change your password. Click the “Change Password” link next to your name.



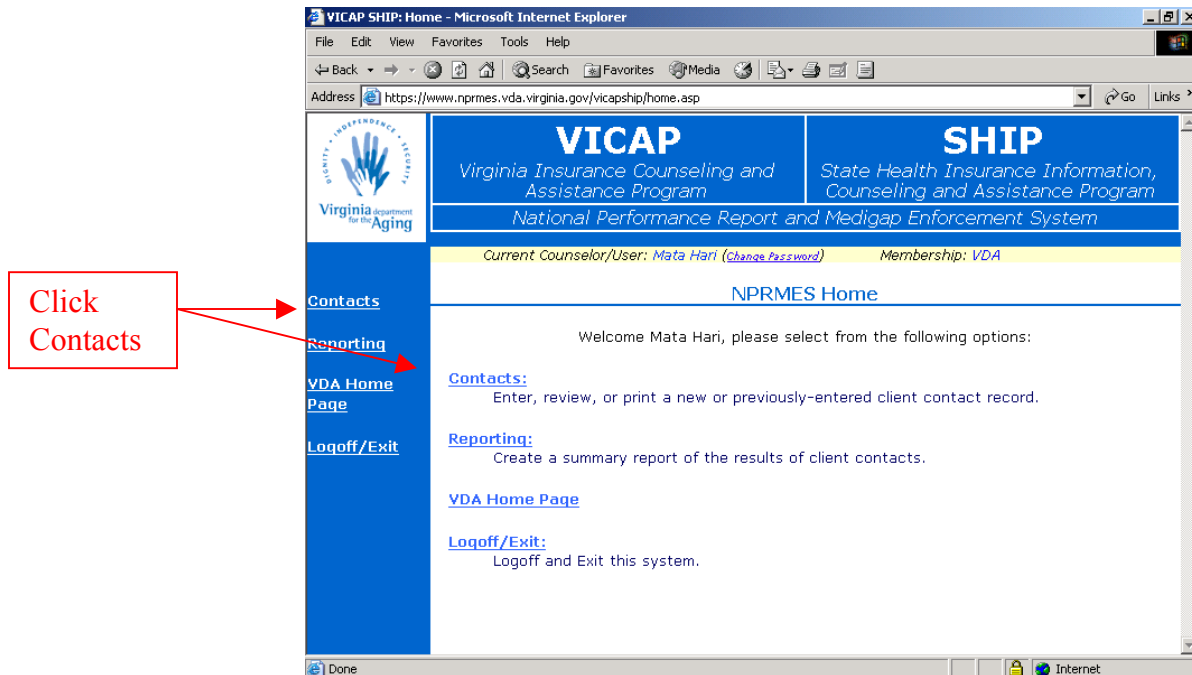
In the Change Password window, enter your temporary password (the one provided to you by your administrator) as the current password, enter your new password, and then enter the new password again to confirm. Click OK. Remember, passwords must be a minimum of 6 characters with at least one special character (~!@#\$%^&\*( )\_+ ) in positions 2 through 5 and no more than 17 characters in all. User ID's and passwords are not case sensitive.



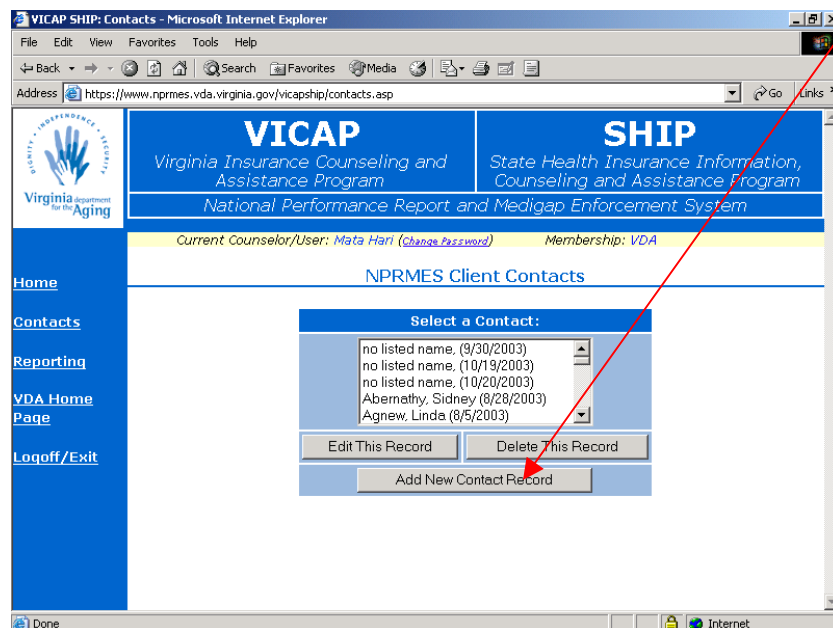
## ENTERING A NEW CONTACT



From the NPRMES Main Page, click on “Contacts.” There are two ways to enter the contact screen (see picture below); both will take you to the same screen.



You will now be at the NPRMES Client Contacts screen. Click “Add New Contact Record.”



The next screen will be a blank NPRMES Client Contact Form. The first section of this form is the Contact Information section.

**VICAP SHIP: Contact Form - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <https://www.nprmes.vda.virginia.gov/vicapship/contact.asp> Go Links »

**Contacts**

[Reporting](#)

[VDA Home Page](#)

[Logoff/Exit](#)

**Contact Information**

Counseling Zip Code:

Counseling County:

Type of Client/Assistance Requested by (check all that apply):

☐ Beneficiary

☐ Couple

☐ Caregiver

☐ Agency

☐ Check here for a quick telephone call (less than 10 minutes)

**Initial Contact Information:**

Date:  mm/dd/yyyy

Type of Contact:

☐ Telephone ☐ In-Person (home)

☐ In-Person (site) ☐ Email/fax/mail

Time Spent:

Hours:  Minutes:

**If Multiple Contact:**

Date:  mm/dd/yyyy

Type of Contact:

☐ Telephone ☐ In-Person (home)

☐ In-Person (site) ☐ Email/fax/mail

Time Spent:

Hours:  Minutes:

**If Multiple Contact:**

Date:  mm/dd/yyyy

Type of Contact:

☐ Telephone ☐ In-Person (home)

☐ In-Person (site) ☐ Email/fax/mail

Time Spent:

Hours:  Minutes:

Status of Client Contact(s): ☐ Open | ☐ Closed

Done Internet

There are four required fields in this section.

1. The Counseling Zip Code
  - a. Must be five digits, do not enter zip + 4 entries.
2. The Counseling County
  - a. The appropriate county is chosen from a drop down menu of choices.
3. The Initial Contact Date
  - a. The date must be valid (no future dates).
  - b. The initial contact date cannot be later than the multiple contact dates.
  - c. An initial contact date must exist if multiple contact dates are entered.
  - d. A date older than 45 days will require verification prior to submission but does not generate errors.
4. The Type of Contact
  - a. Choose how the contact was made (telephone, in-person, email/fax/mail)
  - b. Only one selection can be made

NOTE: There is only one other required item in the remainder of the client contact record. You must enter a topic discussed in Section 3: Topics Discussed or the record will generate an error.



After entering the Counseling Zip Code and choosing the Counseling County, enter the type of client or person requesting the information. There are four choices and you may choose all that apply.

If the contact was a telephone call and less than ten minutes was spent assisting the client, check the quick telephone call box.

Enter the initial contact information; date, type of contact (only one can be chosen), and the time spent assisting the client. If multiple contacts are needed they will be entered in the appropriate section. (If there are more than two additional contacts after the initial contact then a new client record will need to be generated.)

Indicate the status of this contact by selecting whether the contact is open or closed.

Incorrect, incomplete, or missing information in Counseling Zip Code, Initial Contact Date, or Type of Contact will result in an error message when you attempt to save the record. Error messages are highlighted in red and all errors must be cleared in order to save the record (see picture below).

**NOTE: Leaving Counseling County blank will not result in an error message; however, the field is required.**

The second section of the Client Contact Form is the Beneficiary Information. The beneficiary is the person who is in receipt of SHIP services. If the beneficiary is deceased, information on the beneficiary's representative should be entered instead.

**Section 1: Beneficiary Information**

Beneficiary First Name:

Beneficiary Last Name:

Beneficiary Zip Code:

Beneficiary Telephone #:              
 ###-###-#### x###

Representative First Name:

Last Name:   
 (if applicable)

Enter as much of this information as you have available. Remember, as in the previous section the zip code must be 5 digits to avoid errors in saving the record. If a beneficiary telephone is entered, you must enter the area code and the phone number. The area code must be three digits and the phone number must be at least seven digits or the record will generate errors.

The next section of the form is Beneficiary Demographics. Select “yes” or “no” depending on if this is the client’s first contact with SHIP since April 1, 2001. Only one choice can be made under each heading (age, gender, etc.) If the beneficiary’s date of birth is entered, the date must be valid. If a date of birth is entered and an age group is chosen, the date of birth entry overrides the age group.

**Section 2: Beneficiary Demographics**

Is this his/her first contact with SHIP since April 1, 2001? ☐ Yes | ☐ No

**Age:**

Date of Birth:   
 (mm/dd/yyyy)

**Or:**

☐ Under 65  
☐ 65 - 74  
☐ 75 - 84  
☐ 85 or older  
☒ not collected

**Gender:** ☐ Female

<b>Gender:</b>	<input type="radio"/> Female <input type="radio"/> Male <input checked="" type="radio"/> not collected
<b>Ethnicity/Race:</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White, not Hispanic origin <input type="radio"/> Other: <input type="text"/> <input checked="" type="radio"/> not collected
<b>Monthly Income:</b>	<input type="radio"/> Less than or equal to SLMB rate <input type="radio"/> Greater than SLMB rate <input checked="" type="radio"/> not collected
<b>Disabled:</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> not collected

Done Internet

The next section is the Topics Discussed section. **You may check all that apply, but at least one selection must be chosen or an error message will be generated.**

VICAP SHIP: Contact Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

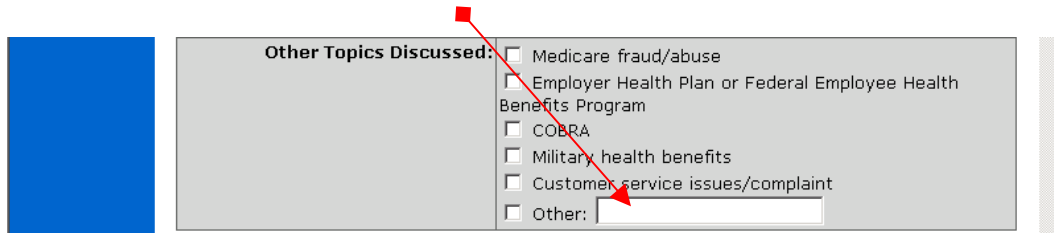
Address <https://www.nprmes.vda.virginia.gov/vicapship/contact.asp> Go Links

**Section 3: Topics Discussed (Check all that apply)**

<b>Medicare:</b>	<i>Discussed</i>
<input type="checkbox"/>	Enrollment, eligibility, benefits
<input type="checkbox"/>	Claims/billing
<input type="checkbox"/>	Appeals/quality of care
<b>Medigap/Supplemental/SELECT:</b>	<i>Discussed</i>
<input type="checkbox"/>	Enrollment, eligibility, comparisons
<input type="checkbox"/>	Change coverage
<input type="checkbox"/>	Claims
<b>Medicare+Choice (HMOs, PFFS, Managed Care):</b>	<i>Discussed</i>
<input type="checkbox"/>	Enrollment, disenrollment, eligibility, comparisons
<input type="checkbox"/>	Plan or benefit changes/non-renewals
<input type="checkbox"/>	Claims/billing
<input type="checkbox"/>	Appeals/quality of care/grievances
<b>Medicaid:</b>	<i>Discussed</i>
<input type="checkbox"/>	QMB
<input type="checkbox"/>	SLMB/QI-1
<input type="checkbox"/>	QI-2
<input type="checkbox"/>	SSI
<input type="checkbox"/>	Other Medicaid
<i>Discussed</i> <input type="checkbox"/> <b>Long-Term Care Insurance</b>	
<i>Discussed</i> <input type="checkbox"/> <b>Prescription Assistance</b>	
<b>Other Topics Discussed:</b>	<input type="checkbox"/> Medicare fraud/abuse

Done Internet

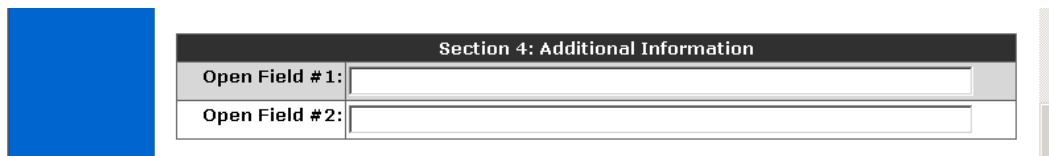
If the topic discussed is not in the list, choose “Other” under the “Other Topics Discussed” and enter the topic in the box provided.



**Other Topics Discussed:**

- ☐ Medicare fraud/abuse
- ☐ Employer Health Plan or Federal Employee Health Benefits Program
- ☐ COBRA
- ☐ Military health benefits
- ☐ Customer service issues/complaint
- ☐ Other:

If there is any additional information that you would like to enter about the case, but does not fit in any of the above sections, an additional information section is available for your use. This section consists of two open fields that hold a limited number of characters.

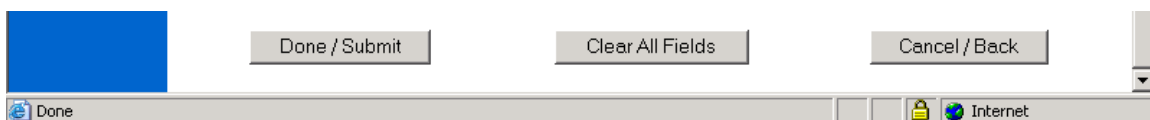


**Section 4: Additional Information**

Open Field #1:

Open Field #2:

When you have completed the record, you are ready to save it. At the bottom of the client contact form screen are three buttons. To save the file, click “Done/Submit.” If for some reason you need to clear the whole form and start over again, click “Clear All Fields”, and if you wish to exit the record without saving it and return to the Client Contacts screen, click “Cancel/Back.”

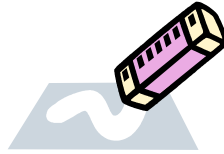


Done / Submit      Clear All Fields      Cancel / Back

Done      Internet

A blank Client Contact Form can be found in this manual for reference.

## EDITING A CLIENT RECORD



If the information in a client contact needs to be edited, choose the client's name from the list on the Client Contact Screen. Then click "Edit this Record." Make any changes needed and click "Done/Submit" to save the record. While in edit mode the "Clear All Fields" button is disabled. If you need to start over on the record, delete the record first and then enter a new record for the client.

VICAP SHIP: Contacts - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: https://www.nprmes.vda.virginia.gov/vicapship/contacts.asp

VICAP SHIP

Virginia Insurance Counseling and Assistance Program

State Health Insurance Information, Counseling and Assistance Program

National Performance Report and Medigap Enforcement System

Current Counselor/User: Mata Hari (Change Password) Membership: VDA

NPRMES Client Contacts

Select a Contact:

- no listed name, (9/30/2003)
- no listed name, (10/19/2003)
- no listed name, (10/20/2003)
- Abernathy, Sidney (8/28/2003)
- Agnew, Linda (8/5/2003)

Edit This Record Delete This Record

Add New Contact Record

Choose the client record for editing from the list, then click "Edit This Record."

## DELETING A CLIENT RECORD



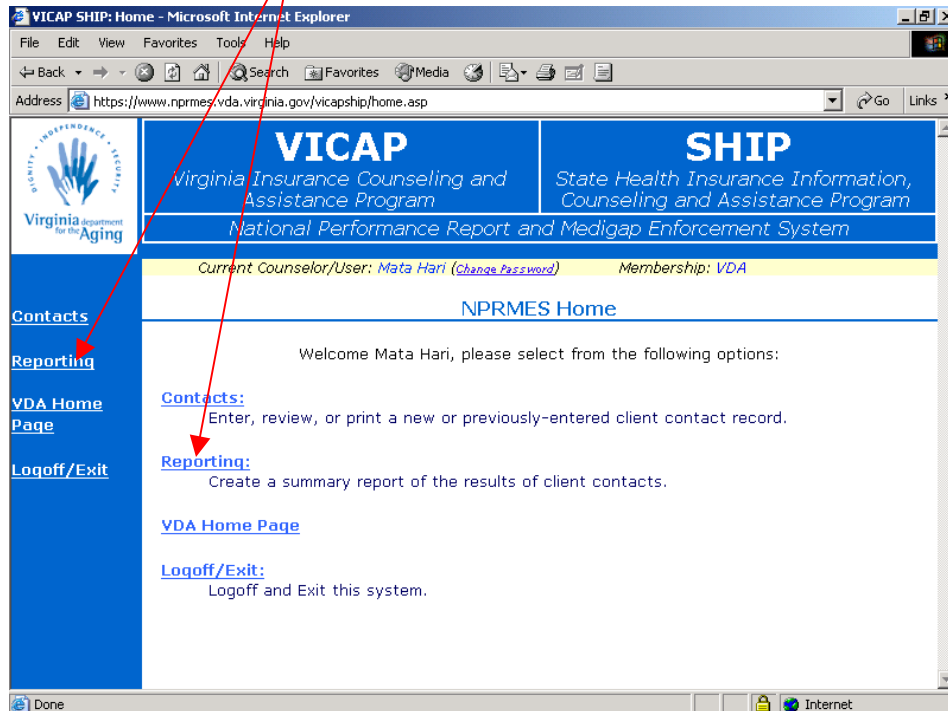
To delete a record, select the client from the client contact screen and click “Delete This Record.”

You will be asked to confirm your choice. Any records that are deleted are **permanently** deleted.

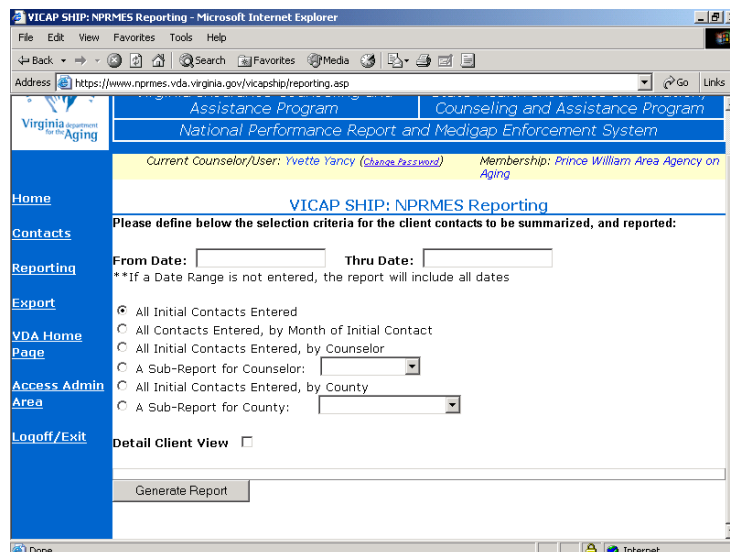
## REPORTING

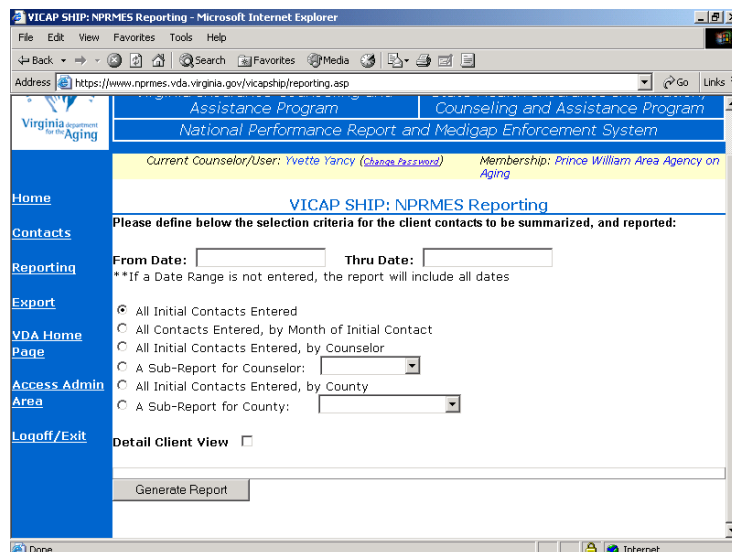


There are several reports available in NPRMES. Clicking on Reporting at the main screen will take you to the reports screen.



At the reports screen, you have several options for generating a report that shows the information presented in several ways, depending upon your needs. We will cover each option briefly. Copies of “sample” reports are included in this manual.





You have the option of entering a date range for your report. The system will accept either the – or / as a separating character between month, day, and year, and single digits for month and year. For example, both 4-1-04 and 4/1/04 are valid date entries. If you do not enter a date range, the report will include all records that meet the given criteria.

*All Initial Contacts Entered* – Displays a summary report of all initial contacts.

*All Contacts Entered by Month of Initial Contact* – Displays a summary report of initial contacts for the given period sorted by month. The last page of the report is a total page of all the months requested.

*All Initial Contacts Entered, by Counselor* – Displays a summary report of initial contacts sorted alphabetically by counselor. The last page of the report is a total page of all the counselors' contacts.

*A Sub-Report for Counselor* – Displays a summary report of initial contacts for a specific counselor, the counselor is chosen from the drop down menu.

*All Initial Contacts Entered, by County* – Displays a summary report of initial contacts sorted alphabetically by county.

*A Sub-Report for County* – Displays a summary report of initial contacts for a specific county, the county is chosen from the drop down menu.

NOTE: All of the above reports are summary count reports. Summary reports include all clients, with the exception of counselor or county sub-reports. To generate detailed reports, click the *Detail Client View* button in combination with any of the above reports. The report will be presented by individual client name rather than a summary count. The detailed report includes: client name, counseling zip code, contact date, and counseling county.

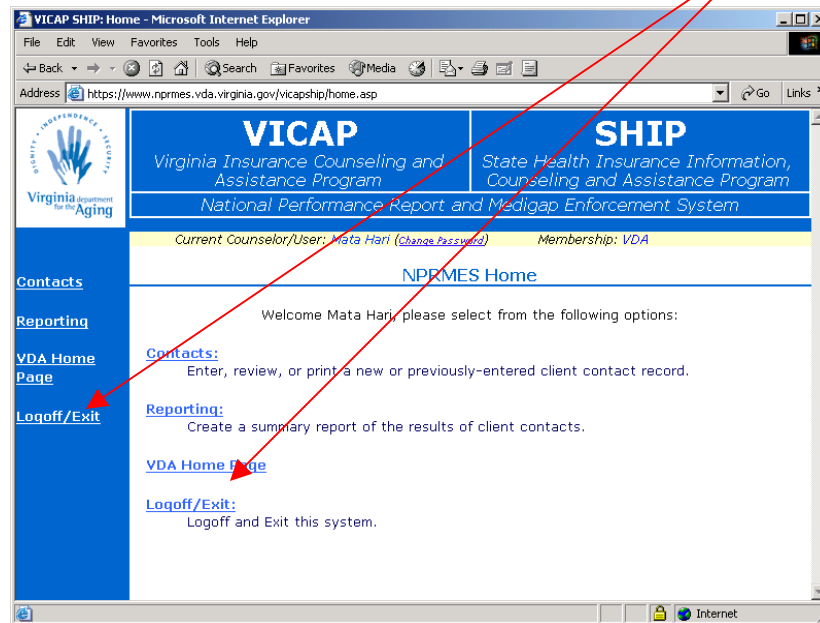
Once the report is displayed, choose print from your browser to print the report. Use the browser's back button to return to the Reporting main menu.



## LOGGING OFF



To exit the system, click the Logoff/Exit button. This will take you back to the NPRMES home page. Users are automatically logged off after 20 minutes of inactivity.



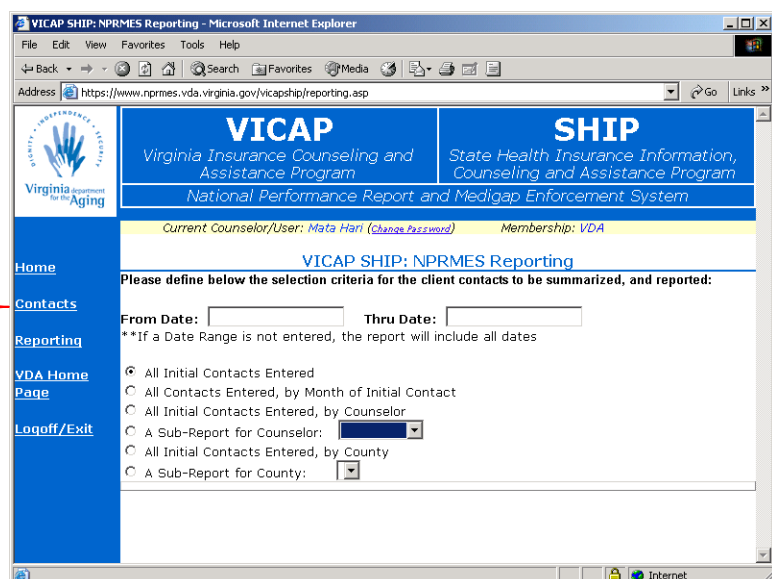
If you click the Home button from the Reporting or Contacts main menu, you are not returned to the NPRMES home page but rather back to a blank log on screen, where you will have to log on again to get back in the system. There are links to return to the Contacts or Reporting home pages.

Home – returns user to NPRMES home page, will have to log in again

Contacts – returns user to the Contacts home page, user can enter, edit, and delete contacts

Reporting – returns user to the Reporting home page

VDA Home Page – user will be redirected to the VDA website



## **Blank Client Contact Form (Sample)**

## NPRMES Client Contact Form

Contact Information			
<b>Counseling Zip Code:</b>	<input style="width: 100%;" type="text"/>		
<b>Counseling County:</b>	<input style="width: 100%;" type="text"/>		
<b>Type of Client/Assistance Requested by</b> (check all that apply):	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Couple <input type="checkbox"/> Caregiver <input type="checkbox"/> Agency		
<input type="checkbox"/> Check here for a quick telephone call (less than 10 minutes)			
<b>Initial Contact Information:</b>			
<b>Date:</b> <input style="width: 50px;" type="text"/> <i>mm/dd/yyyy</i>	<b>Type of Contact:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person (site)	<input type="checkbox"/> In-Person (home) <input type="checkbox"/> Email/fax/mail	<b>Time Spent:</b> Hours: <input style="width: 50px;" type="text"/> Minutes: <input style="width: 50px;" type="text"/>
<b>If Multiple Contact:</b>			
<b>Date:</b> <input style="width: 50px;" type="text"/> <i>mm/dd/yyyy</i>	<b>Type of Contact:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person (site)	<input type="checkbox"/> In-Person (home) <input type="checkbox"/> Email/fax/mail	<b>Time Spent:</b> Hours: <input style="width: 50px;" type="text"/> Minutes: <input style="width: 50px;" type="text"/>
<b>If Multiple Contact:</b>			
<b>Date:</b> <input style="width: 50px;" type="text"/> <i>mm/dd/yyyy</i>	<b>Type of Contact:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person (site)	<input type="checkbox"/> In-Person (home) <input type="checkbox"/> Email/fax/mail	<b>Time Spent:</b> Hours: <input style="width: 50px;" type="text"/> Minutes: <input style="width: 50px;" type="text"/>
<b>Status of Client Contact(s):</b> <input type="checkbox"/> Open   <input type="checkbox"/> Closed			

Section 1: Beneficiary Information	
<b>Beneficiary First Name:</b>	<input style="width: 100%;" type="text"/>
<b>Beneficiary Last Name:</b>	<input style="width: 100%;" type="text"/>
<b>Beneficiary Zip Code:</b>	<input style="width: 100%;" type="text"/>
<b>Beneficiary Telephone #:</b>	<input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> ### ###-#### x###
<b>Representative First Name:</b>	<input style="width: 100%;" type="text"/>
<b>Last Name:</b> (if applicable)	<input style="width: 100%;" type="text"/>

Section 2: Beneficiary Demographics	
Is this his/her first contact with SHIP since April 1, 2001? <input type="checkbox"/> Yes   <input type="checkbox"/> No	
<b>Age:</b> Date of Birth: <input type="text"/> (mm/dd/yyyy)	<b>Or:</b> <input type="checkbox"/> Under 65 <input type="checkbox"/> 65 - 74 <input type="checkbox"/> 75 - 84 <input type="checkbox"/> 85 or older <input type="checkbox"/> not collected
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> not collected
<b>Ethnicity/Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White, not Hispanic origin Other: <input type="text"/> <input type="checkbox"/> not collected
<b>Monthly Income:</b>	<input type="checkbox"/> Less than or equal to SLMB rate <input type="checkbox"/> Greater than SLMB rate <input type="checkbox"/> not collected
<b>Disabled:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not collected

Section 3: Topics Discussed (Check all that apply)	
<b>Medicare:</b>	<i>Discussed</i> <input type="checkbox"/> Enrollment, eligibility, benefits <input type="checkbox"/> Claims/billing

	<input type="checkbox"/> Appeals/quality of care
<b>Medigap/Supplemental/SELECT:</b>	<i>Discussed</i> <input type="checkbox"/> Enrollment, eligibility, comparisons <input type="checkbox"/> Change coverage <input type="checkbox"/> Claims
<b>Medicare+Choice (HMOs, PFFS, Managed Care):</b>	<i>Discussed</i> <input type="checkbox"/> Enrollment, disenrollment, eligibility, comparisons <input type="checkbox"/> Plan or benefit changes/non-renewals <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeals/quality of care/grievance
<b>Medicaid:</b>	<i>Discussed</i> <input type="checkbox"/> QMB <input type="checkbox"/> SLMB/QI-1 <input type="checkbox"/> QI-2 <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid
<i>Discussed</i> <input type="checkbox"/> <b>Long-Term Care Insurance</b>	
<i>Discussed</i> <input type="checkbox"/> <b>Prescription Assistance</b>	
<b>Other Topics Discussed</b>	<input type="checkbox"/> Medicare fraud/abuse <input type="checkbox"/> Employer Health Plan or Federal Employee Health Benefits Program <input type="checkbox"/> COBRA <input type="checkbox"/> Military health benefits <input type="checkbox"/> Customer service issues/complaint <input type="checkbox"/> Other: <input type="text"/>

#### Section 4: Additional Information

Open Field #1:

Open Field #2:

Done / Submit

Clear All Fields

Cancel / Back

## **Summary Report of All Initial Contacts Entered (Sample)**

**SHIP Summary Report of All Initial Contacts Entered**  
(Criteria: ALL)

	<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>		<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>
<b>Number of Client Contact Forms</b>	<b>55</b>				
<b>Section 2 - Beneficiary Demographics</b>			<b>Section 3 - Topics Discussed</b>		
<b>Type of Client/Assistance by:</b>			<b>Medicare:</b>		
Beneficiary (self)	39	71%	Enrollment, eligibility, benefits	1	2%
Couple	6	11%	Claims/billing	6	11%
Caregiver	11	20%	Appeals/quality of care	2	4%
Agency	1	2%			
<b>Number of Quick Telephone Calls :</b>	<b>16</b>	<b>29%</b>			
<b>Type of Contact:</b>			<b>Medigap/Supplement/SELECT:</b>		
Telephone	32	58%	Enrollment, eligibility, comparisons	14	25%
In Person (site)	9	16%	Plan or benefit changes/non-renewals	2	4%
In Person (Home Visit)	5	9%	Claims/billing	2	4%
E-mail/Fax/Postal Mail	7	13%			
<b>Avg. Minutes Spent for all Contacts :</b>	<b>16</b>				
<b>Beneficiary Age:</b>			<b>M+Choice (HMOs, PFFS, Mngd. Care):</b>		
Under 65 Years	9	16%	Enroll, disenroll, eligibility, compare	3	5%
65-74	18	33%	Plan or benefit changes/non-renewals	1	2%
75-84	12	22%	Claims/billing	1	2%
85 or Older	7	13%	Appeals/quality of care/grievances	3	5%
Not Collected	9	16%			
<b>Beneficiary Gender:</b>			<b>Medicaid:</b>		
Female	22	40%	QMB	6	11%
Male	26	47%	SLMB/QI-1	5	9%
Not Collected	7	13%	QI-2	3	5%
			SSI	8	15%
<b>Beneficiary Ethnicity/Race:</b>			Other Medicaid	5	9%
American Indian or Alaska Native	0	0%			
Asian	3	5%			
Black or African-American	6	11%	<b>Long-Term Care Insurance:</b>	<b>13</b>	<b>24%</b>
Hispanic or Latino	1	2%			
Native Hawaiian, or other Pacific Islander	0	0%			
White	28	51%	<b>Prescription Drug Assistance:</b>	<b>27</b>	<b>49%</b>
Other	0	0%			
Not Collected	17	31%			
<b>Beneficiary Income:</b>			<b>Other Topics:</b>		
Less than or equal to SLMB rate	21	38%	Medicare Fraud/Abuse	2	4%
Greater than SLMB rate	10	18%	Employer Health Plan	0	0%
Not Collected	24	44%	COBRA	2	4%
			Military health benefits	2	4%
<b>Beneficiary Disabled:</b>			Customer service issues/complaint	1	2%
Yes	10	18%			
No	23	42%			
Not Collected	22	40%			

# **All Initial Contacts Entered Detail Report (Sample)**



### SHIP Detail Report

(Criteria: Contact Dates From 7-1-03 through 7-31-03)

Beneficiary Name	Zip Code	Contact Date	Counseling County
Bosher, George	22301	7/8/2003	ALEXANDRIA
Brackett, Florence	22301	7/24/2003	ALEXANDRIA
Burley, Carlton	20109	7/29/2003	PRINCE WILLIAM CO.
Carson, Sarah	23970	7/31/2003	HALIFAX CO.
Chen, Anna	22405	7/11/2003	FREDERICKSBURG
Edwards, Howard	20175	7/12/2003	LOUDOUN CO.
Estes, Ellen	24609	7/16/2003	BUCHANAN CO.
Faulk, Lois	24609	7/18/2003	BUCHANAN CO.
Gilliam, Helen	20109	7/29/2003	PRINCE WILLIAM CO.
Harding, Gordon	24219	7/15/2003	LEE CO.
Hardy, Dennis	24609	7/15/2003	BUCHANAN CO.
Howell, Bessie	23219	7/18/2003	CHESTERFIELD CO.
Irby, Clifford	23970	7/30/2003	HALIFAX CO.
Leedes, Mary	20109	7/30/2003	PRINCE WILLIAM CO.
Moore, Bradley	23219	7/28/2003	CHESTERFIELD CO.
Munford, Charles	24112	7/17/2003	DANVILLE
Neal, Rita	24112	7/11/2003	DANVILLE
Palmore, Clayton	23970	7/29/2003	HALIFAX CO.
Peters, Hannah	24301	7/24/2003	MONTGOMERY CO.
Smith, Sally Sue	23059	7/8/2003	AMHERST CO.
Witherspoon, Handley	22701	7/29/2003	CULPEPER CO.

**Total Records For Report: 21**

# **All Contacts Entered by Month of Initial Contact Detail Report (Sample)**

**SHIP Detail Report By Month of Initial Contact**  
**(Criteria: Contact Dates From 7-1-03 through 8-31-03)**

<b>Beneficiary Name</b>	<b>Zip Code</b>	<b>Contact Date</b>	<b>Counseling County</b>
<b>For Month: July 2003</b>			
Bosher, George	22301	7/8/2003	ALEXANDRIA
Brackett, Florence	22301	7/24/2003	ALEXANDRIA
Burley, Carlton	20109	7/29/2003	PRINCE WILLIAM CO.
Carson, Sarah	23970	7/31/2003	HALIFAX CO.
Chen, Anna	22405	7/11/2003	FREDERICKSBURG
Edwards, Howard	20175	7/12/2003	LOUDOUN CO.
Estes, Ellen	24609	7/16/2003	BUCHANAN CO.
Faulk, Lois	24609	7/18/2003	BUCHANAN CO.
Gilliam, Helen	20109	7/29/2003	PRINCE WILLIAM CO.
Harding, Gordon	24219	7/15/2003	LEE CO.
Hardy, Dennis	24609	7/15/2003	BUCHANAN CO.
Howell, Bessie	23219	7/18/2003	CHESTERFIELD CO.
Irby, Clifford	23970	7/30/2003	HALIFAX CO.
Leedes, Mary	20109	7/30/2003	PRINCE WILLIAM CO.
Moore, Bradley	23219	7/28/2003	CHESTERFIELD CO.
Munford, Charles	24112	7/17/2003	DANVILLE
Neal, Rita	24112	7/11/2003	DANVILLE
Palmore, Clayton	23970	7/29/2003	HALIFAX CO.
Peters, Hannah	24301	7/24/2003	MONTGOMERY CO.
Smith, Sally Sue	23059	7/8/2003	AMHERST CO.
Witherspoon, Handley	22701	7/29/2003	CULPEPER CO.

**Total Records for July 2003: 21**

**For Month: August 2003**

Abernathy, Sidney	23922	8/28/2003	AMELIA CO.
Agnew, Linda	24501	8/5/2003	BEDFORD CO.
Beasley, Louise	23502	8/20/2003	ISLE OF WIGHT CO.
Bender, Gerald	23502	8/5/2003	ISLE OF WIGHT CO.
Chiles, Eugene	24354	8/1/2003	CARROLL CO.
Clark, Thomas	24354	8/6/2003	CARROLL CO.
Connors, Margaret	20175	8/6/2003	LOUDOUN CO.
Corbett, James	20175	8/15/2003	LOUDOUN CO.
Creery, Frank	23175	8/18/2003	ESSEX CO.

**SHIP Detail Report By Month of Initial Contact**

(Criteria: Contact Dates From 7-1-03 through 8-31-03)

**For Month: August 2003 (cont.)**

<b>Beneficiary Name</b>	<b>Zip Code</b>	<b>Contact Date</b>	<b>Counseling County</b>
Douglas, Francis	22301	8/1/2003	ALEXANDRIA
Dudley, Anne	23805	8/20/2003	PETERSBURG
Etheridge, Jesse	24501	8/15/2003	BEDFORD CO.
Farr, Ben	22980	8/15/2003	BATH CO.
Fletcher, Henry	23219	8/12/2003	CHESTERFIELD CO.
Gaines, Raymond	24501	8/15/2003	BEDFORD CO.
Iong, Wan	23175	8/18/2003	ESSEX CO.
Jacobs, Adelle	22405	8/14/2003	FREDERICKSBURG
Jones, Clyde	24038	8/1/2003	ALLEGHANY CO.
Kepley, James	22035	8/7/2003	FAIRFAX CO.
Kessler, Douglas	22035	8/7/2003	FAIRFAX CO.
Lowe, Elizabeth	23502	8/20/2003	ISLE OF WIGHT CO.
Riley, James	23805	8/19/2003	PETERSBURG
Seibold, Harry	22901	8/7/2003	CHARLOTTESVILLE
Seigel, Ida	23175	8/18/2003	ESSEX CO.
Stern, Gisela	22701	8/1/2003	CULPEPER CO.
Trent, Nelson	22901	8/15/2003	CHARLOTTESVILLE
Wistar, Ruth	22901	8/15/2003	CHARLOTTESVILLE

**Total Records for August 2003: 27****Total Records For Report: 48**